

11-21-05

EXPRESS MAIL NO. EV530944736US

1644
JFW

TRANSMITTAL FORM (To be used for all correspondence after initial filing)	Application Number	09/785,019
	Filing Date	February 15, 2001
	First Named Inventor	Alexander Gaiger
	Art Unit	1644
	Examiner Name	Ronald B. Schwadron, Ph.D.
	Attorney Docket No.	210121.465C4

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement and Transmittal	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<u>Request to Correct Inventorship</u>
<input type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	<u>ADS</u>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<u>Copy of previously filed</u>
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	<u>Information Disclosure</u>
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	<u>Statement (06/14/01) with 111 references</u>
<u>Remarks</u>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number 00500	
Signature			
Printed Name	Julie A. Urvater, Ph.D., Patent Agent		
Date	November 18, 2005	Reg. No.	50,461

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Signature	
Typed or printed name	Date:

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
C:\Nrp\Port\li\Manage\MONICASA\715901_1.DOC

FREE TRANSMITTAL
for FY 2005

NOV 18 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	09/785,019
Filing Date	February 15, 2001
First Named Inventor	Alexander Gaiger
Examiner Name	Ronald B. Schwadron, Ph.D.
Art Unit	1644
Attorney Docket No.	210121.465C4

TOTAL AMOUNT OF PAYMENT	(\$)<u>1,650</u>
--------------------------------	-------------------------

METHOD OF PAYMENT (check all that apply)

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Charge any underpayments or credit any overpayments

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

EXAMINATION FEES

Small Entity

Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	

Fee Description

<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
100	100
200	200
300	300
400	400
500	500
600	600
700	700
800	800
900	900
1000	1000
1100	1100
1200	1200
1300	1300
1400	1400
1500	1500
1600	1600
1700	1700
1800	1800
1900	1900
2000	2000
2100	2100
2200	2200
2300	2300
2400	2400
2500	2500
2600	2600
2700	2700
2800	2800
2900	2900
3000	3000
3100	3100
3200	3200
3300	3300
3400	3400
3500	3500
3600	3600
3700	3700
3800	3800
3900	3900
4000	4000
4100	4100
4200	4200
4300	4300
4400	4400
4500	4500
4600	4600
4700	4700
4800	4800
4900	4900
5000	5000
5100	5100
5200	5200
5300	5300
5400	5400
5500	5500
5600	5600
5700	5700
5800	5800
5900	5900
6000	6000
6100	6100
6200	6200
6300	6300
6400	6400
6500	6500
6600	6600
6700	6700
6800	6800
6900	6900
7000	7000
7100	7100
7200	7200
7300	7300
7400	7400
7500	7500
7600	7600
7700	7700
7800	7800
7900	7900
8000	8000
8100	8100
8200	8200
8300	8300
8400	8400
8500	8500
8600	8600
8700	8700
8800	8800
8900	8900
9000	9000
9100	9100
9200	9200
9300	9300
9400	9400
9500	9500
9600	9600
9700	9700
9800	9800
9900	9900
10000	10000

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
5 -20 or HP =	0 X	<u> </u> =	<u> </u>	Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
1	-3 or HP =	0	X	=	

HP = highest number of independent claims paid for, if greater than 3


If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ -100 =	_____ /50 =	_____ (round up to a whole number)	x _____	_____

Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>Three month extension of time</u>	1,020
<u>Notice of Appeal Fee</u>	500
<u>Inventorship Correction Processing Fee</u>	130

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	50,461	Telephone	206-622-4900
Name (Print/Type)	Julie A. Urvater, Ph.D., Patent Agent			Date	November 18, 2005